

PHYSICIANS LICENSING BOARD  
MINUTES  
DECEMBER 13, 2006

CONDUCTING: Lori Buhler

CONVENED: 8:40 a.m.

ADJOURNED: 12:24 p.m.

MEMBERS PRESENT: Curtis Canning, MD  
Mason Stout, MD  
John Bennion  
Michael Giovanniello, MD  
Lori Buhler  
Marc Babitz, MD  
Steven Lamb, MD

MEMBERS EXCUSED: James Fowler, MD  
Sharon Weinstein, MD  
George Pingree, MD  
Richard Sperry, MD

DIVISION STAFF: Diana Baker, Bureau Manager  
Craig Jackson, Division Director  
Shirlene Kimball, Secretary

**TOPIC OF DISCUSSION:**

NOVEMBER 8, 2006 MINUTES:

MS. BAKER – REVIEW OF AGENDA  
ITEMS:

**DECISIONS/RECOMMENDATIONS:**

Approved with corrections.

Ms. Baker reported that Dr. Curtis has submitted a practice plan for review. Dr. Babitz indicated that the supervising physician needs to be in the same specialty area of practice.

Dr. Anderson submitted a copy of the prescriptions he has written. Dr. Javellana, Dr. Anderson's supervisor will be meeting with the Board.

Ms. Baker reported Dr. Clark will be asking the Board if he can work locum tenens or take a position on an Indian reservation. However, Dr. Clark's

Order only allows him to practice in a residency program.

Dr. Morris and his attorney, Paul Maxley will be meeting with the Board to request reinstatement of Dr. Morris' license. Ms. Baker indicated the therapist has recommended reinstatement of the license however, Dr. Morris still needs to complete the CPEP evaluation.

Ms. Baker reported Dr. Thomas is an applicant for reinstatement who has not practiced for three years. The Board will need to determine whether or not he needs to take the SPEX exam or to complete continuing medical education hours.

Ms. Baker indicated that Dr. Goates' Order to Show Cause Hearing has been canceled. She reported the Division may withdraw the OSC petition and give Dr. Goates the opportunity to complete a treatment program. However, if his urine screens continue to be positive, then the Order to Show Cause Hearing will be rescheduled.

CARMELA JAVELLANA, MD:

Dr. Javellana was invited to meet with the Board to discuss concerns regarding the supervision of Dr. Anderson. Dr. Javellana apologized for not being as responsive as she should have been to the letter sent to her by Ms. Baker. Dr. Javellana reported Dr. Anderson has been very unpredictable because of his chronic pain. She indicated he is ill a lot and often can not make it into the office. Dr. Javellana stated that if he is not in the office and his secretary is also out, her staff must deal with his patients, which creates a problem in her office.

Board members indicated to Dr. Javellana that her reports have been sporadic and the Board needs her direct feedback. She admitted she has been lenient with Dr. Anderson because of his illness. She stated she waits for him to provide her with the report forms she needs to fill out and to take

the initiative to set up meetings. She indicated she has tried to meet with him at noon on Tuesdays, but either he doesn't appear or is late for meetings. Her concern is that he does not follow through with her or with his patients. Dr. Canning stated the Board feels the same frustration and that is why it is extremely important to receive detailed supervisor reports. Dr. Canning also encouraged Dr. Javellana to meet with Dr. Anderson weekly. He indicated if Dr. Anderson does not keep the scheduled appointment, or if he is late, then she needs to document that for the Board. Dr. Canning indicated that using Dr. Javellana's secretarial staff to resolve issues with his practice affects her practice and is a boundary violation. These events need to be documented in her reports. If she has concerns about his professionalism, she needs to address those concerns in her reports as well. Dr. Canning suggested she put her expectations in writing to protect her office and to also protect Dr. Anderson.

Board members question her method of choosing charts for review. She stated Dr. Anderson chooses the charts that he has her review. Dr. Babitz indicated that this is not appropriate and that Dr. Javellana needs to choose charts that will be reviewed. Dr. Javellana stated that a review of his charts revealed a large amount of controlled substances prescribed for a patient in a short period of time. She indicated she could not find his notes justifying why he had prescribed the large amount of medication and when questioned, Dr. Anderson had indicated he could not recall why. Dr. Javellana stated she suggested he request the controlled substance data base information on this patient, but does not think he followed through.

Ms. Baker indicated that last month the Board made a motion to have Dr. Anderson under go a physical and neuropsychiatric evaluation in accordance with the "impaired physician" citation in the Medical Practice Act. Ms. Baker wanted to validate that the Board felt that there was

reasonable cause to believe that Dr. Anderson could not safely practice medicine with reasonable skill and that immediate action is necessary to prevent harm to his patients.

Dr. Canning reiterated the events of distant and current findings in board meetings that indicated there are a number of red flags regarding Dr. Anderson's practice.

Dr. Babitz made a Motion to close the meeting in accordance with 52-4-205(1)(a) to discuss the character, professional competency, or physical or mental health of an individual. Dr. Giovanniello seconded the Motion. All Board members in favor. The meeting was closed at 9:30 a.m.

Dr. Babitz made a Motion to open the meeting. Dr. Giovanniello seconded the Motion. All Board members in favor. The meeting was opened at 9:40 a.m.

Dr. Canning made a Motion that after a thorough review of the information regarding Dr. Anderson, Board members feel that Dr. Anderson may pose an imminent danger to his patients and requests that Dr. Anderson submit to neuropsychiatric and physical evaluations according to the criteria set forth in the Medical Practice Act. Dr. Giovanniello seconded the Motion. All Board members in favor.

GLADE CURTIS,  
INTERVIEW:

Dr. Babitz conducted the interview. Dr. Curtis reported he is doing well and submitted his reports along with a new practice plan. Dr. Curtis reported he would like to work at House Calls, Inc, a company that provides medical care in underserved areas. He stated he will not provide patient care, but would supervise physician assistants who make the house calls. He stated he will not be prescribing controlled substances. Dr. Babitz indicated that the PA can not exceed the practice of the supervising physician. Therefore, the PA's under his supervision could not see children, treat congestive heart failure, elderly patients, etc because he is an OBGYN.

Dr. Babitz questioned who would supervise those PA's outside his specialty. Dr. Curtis stated he is not sure how this supervision would be provided. Dr. Babitz suggested he rewrite the practice plan to be more consistent with the PA law so that the PA is not practicing outside the scope of the supervising physician. Dr. Curtis stated he will address the issue and then resubmit the practice plan. Dr. Babitz made a Motion that since Ms. Baker is also Bureau Manager for the Physician Assistants and understands their law, that if the practice plan is resubmitted and it is appropriate, approve the practice plan with the amendments. Dr. Canning seconded the Motion. Dr. Giovanniello requested that the practice plan be sent out to at least one Board member for review and requested an amendment to the motion to have the practice plan sent to a Board member for review. Dr. Babitz and Dr. Canning accepted the amendment. All board members in favor of the Motion.

DARRELL ANDERSON, MD  
INTERVIEW:

Dr. Anderson was interviewed by Dr. Canning. Dr. Canning indicated the Board spoke with his supervisor earlier this morning. Dr. Anderson stated he was aware of the meeting.

Dr. Anderson stated he missed the meeting last month because he did not feel well. Board members questioned how often he has to reschedule appointments or patients because of his pain or illness? Dr. Anderson stated he reschedules patients once or twice a week. Dr. Canning indicated there is a pattern of missing appointments and expressed concern that if he manages his practice like he manages meetings with the Board, he has a problem. Dr. Anderson stated he has adequate office staff to help reschedule patients and does not feel he has missed many meetings with the Board. Board members indicated Dr. Javellana described problems with attendance at the clinic similar to the meetings with the Board where he failed to show for the appointment, or was late for the appointment. Dr. Anderson stated his patient appointments have a tendency to run overtime,

but he schedules out an hour every week to meet with the supervisor.

Board members indicated Dr. Anderson still has not provided the updated information regarding his prescribing practice. He has continued with deviations in his prescribing practice, the Board has asked for justification and he has continued to ignore the request. Dr. Anderson stated he has not been able to find any literature regarding the issue but absolutely feels what he is doing is helpful to his patients and he is not putting anyone in danger.

Dr. Lamb questioned whether or not he acknowledges that his prescribing practice is outside the norm for psychiatrists. Dr. Anderson stated the drug rep indicated it may be outside the norm for the average psychiatrist, but for others it is not.

Board members questioned whether or not he understands why the Board requested the physical and neuropsychiatric evaluations last month. Dr. Anderson stated he understands the Board is only doing their job and believes he was requested to obtain the evaluation because he missed his last appointment with the Board and because he is taking pain medications. Dr. Canning stated the Board has been concerned with his health, with his prescribing practice, with the amount of stimulants he is receiving and indicated he may be a danger to the public. Dr. Anderson stated he takes the medications for pain, does not use the medications for the ADHD, but for fatigue. Dr. Canning stated he is concerned that the amount of medications he is taking could impair his ability to do his job.

Dr. Lamb stated he is concerned with the excessive prescribing for one patient in particular. Some of the prescriptions are written for large amounts within a week of each other. Dr. Anderson stated that if a patient misses an appointment, he gives enough medications to get to the next appointment.

Board members questioned his process of pulling charts for the supervisor to review. Dr. Anderson stated the secretary pulls out the charts of new patients and gives them to her. Dr. Babitz indicated he would prefer Dr. Javellana review the list of patients and have her chose the charts. Dr. Lamb questioned how it was determined that only new charts were to be reviewed. Ms. Baker indicated the initial order addressed boundary violations and it was not until the Board was monitoring Dr. Anderson on probation that the prescribing problems became apparent. The practice plan indicated chart review for new female patients. Dr. Lamb questioned if the charts are ever re-reviewed by the supervisor. Dr. Anderson stated once the charts are reviewed, they are not reviewed again by the supervisor. Board members indicated it would be helpful if Dr. Javellana re-reviewed the chart and follow how he is treating patients over a period of time. Board members indicated that the practice plan may need to be rewritten to include providing the supervisor with a list, let the supervisor chose the charts to be reviewed and to meet with the supervisor on a weekly basis. Board members indicated they would like the practice plan to include female patients receiving controlled substances, and eliminate just the new patients. Dr. Anderson stated he keeps a list of high dose patients and the supervisor could review those charts. Dr. Canning indicated he may also be required to submit additional information, depending on recommendations from the physical and neuropsychiatric evaluations. He must also continue to meet all terms and conditions in his Stipulation.

Dr. Canning made a Motion to complete the evaluations within 30 days and have the evaluations submitted as soon as possible, submit a new practice plan that allows Dr. Javellana to randomly choose charts of female patients. Dr. Babitz seconded the Motion. A friendly amendment to the Motion would be to require review of charts from all high dose patients to

include male patients. The amendment was accepted. All Board members in favor of the Motion.

Dr. Anderson questioned whether or not he needs to provide a letter from his physician, Dr. Henry. He stated he is uncomfortable with the Board writing a letter to Dr. Henry letting him know Dr. Anderson is on probation because he is not receiving any controlled substances from Dr. Henry. Board members indicated they will not require Dr. Henry to communicate at this time, but will continue to look at the controlled substance data base. Dr. Anderson is not in compliance with his Order.

LAYFE ANTHONY, MD  
INTERVIEW:

Dr. Babitz conducted the interviewed. Dr. Anthony's attorney, Alyson Draper, was also present. Dr. Anthony indicated he does not see many patients because he can not participate in Medicaid or Medicare or on insurance panels. He indicated the probation limits his practice to only patients without insurance. Dr. Babitz indicated Dr. Van Komen and Dr. Civish both need to submit their reports. Dr. Anthony reported he is not working with Dr. Civish very often. Board members indicated that if he makes any changes in his practice, he needs to submit a practice plan and have it approved before making any changes. Dr. Anthony questioned if he accepts a position in a non clinical setting, will he need to submit a practice plan? Board members indicated that if the job requires a medical license, even if it is non clinical, he needs to submit the practice plan, have appropriate supervision and submit reports. Dr. Anthony is not in compliance with his Order.



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DANNY PURSER, MD  
INTERVIEW:

Dr. Purser was interviewed by Dr. Stout. He reported things are going well, he is attending continuing education conferences, volunteers one or two nights a week and has good family support. He stated he is feeling less stress, and if he goes back into practice, he knows he would have to modify his practice because of fatigue problems. Dr. Purser is current on all reports and is in compliance with the terms and conditions of his Order.

JEFFREY CLARK, MD  
TELEPHONE INTERVIEW:

Dr. Lamb conducted the interview. Dr. Clark indicated he is currently living in Florida and waiting for the Florida institutional permit to allow him to begin his anesthesiology residency program. He indicated he is meeting with the Florida Board January 20, 2007 to determine if they will grant the permit. He questioned whether the Florida Board or the Utah Board will monitor him once he has been approved in Florida. Ms. Baker indicated we can work with Florida and have them monitor him as long as the terms and conditions are the same. If the urine screen panel is the same, we would accept those urine screens. Dr. Clark stated he will follow up when he receives the Florida permit. Dr. Clark is in compliance with his Order.

DAVID MORRIS, MD  
INTERVIEW:

Dr. Giovanniello conducted the interview. Dr. Morris' attorney was also present. Dr. Morris has passed the SPEX examination and Dr. Segal submitted his evaluation. Dr. Morris has not completed the CPEP evaluation. Dr. Morris stated he is not interested in pain management and is requesting that his license be returned so he can enter a three-year psychiatry residency. Dr. Morris indicated that the 3 year residency with supervised experience would be better than completing the CPEP. Dr. Babitz questioned whether or not he has checked with residency programs to see if they will accept a probationary license. Dr. Morris stated he has not discussed a probationary license with them. Dr. Giovanniello stated that the Board would not reinstate the license in full, but may consider a probationary

license for a residency only. Dr. Morris questioned whether or not the Board would allow him to complete the residency in lieu of completing the CPEP evaluation. Dr. Babitz stated he would support the request as long as a probationary license was issued for the residency only with submission of quarterly reports from the program director. Dr. Giovanniello stated he also agrees as long as the residency is an ACGME approved program. The controlled substance data base report was reviewed. Dr. Morris indicated he has not written prescriptions for the named individuals. Dr. Canning indicated that Dr. Morris has not completed an independent substance abuse evaluation and it needs to be done if he wants to return to practice.

Dr. Giovanniello made a Motion to issue a probationary license restricted to practicing in an ACGME approved residency program and that within 3 months he needs to submit the substance abuse evaluation from an appropriate substance abuse evaluator. He will need to meet with the Board quarterly and submit quarterly reports from the residency program. Dr. Canning seconded the Motion. All Board members in favor. Dr. Morris will need to meet in March to update the Board on the residency program search.

DAVID THOMAS,  
REINSTATEMENT REQUEST:

Dr. Canning conducted the interview. Dr. Thomas stated he had been out of the country for three years and has not practiced for 4 ½ years. His license lapsed and he is requesting reinstatement of the license, but has not kept up on the continuing medical education hours. He stated he has been asked to set up a clinic for Granite High School that would provide referrals and answer health care questions. He would also teach a general health education course. He would be involved administratively, but may need to write prescriptions. He is currently licensed in

Kansas and has never had any action taken against his license. He stated he did not complete any CME's while he was out of the country, but reads medical reviews. He stated he did practice some while in the Philippines.

Dr. Bennion made a Motion to issue a conditional license for four months until he has completed 20 hours of Category 1 CME. After the four month period and completion of the 20 CME hours, grant an unrestricted license. Dr. Canning seconded the Motion. All Board members in favor.

APPLICATIONS APPROVED BY THE  
DIVISION:

Elfateh Seedahmed, MD  
Kristin Chrouser, MD  
Kimberly Arledge, MD  
Allison Jensen, MD  
Mary Ann Shannon, MD  
Layne Lloyd, MD  
Adam Bateman, MD  
David Hadley, MD  
Alfredo Aguiar, MD  
John Budd, MD  
Cameron Evans, MD  
Noreen Galaria, MD  
Phil Jiricko, MD  
Yun Ling, MD  
Christopher Wicher, MD  
Heather Carney, MD  
Albert Wu, MD  
Brian McAllister, MD  
Vincent Hau, MD  
Nagendra Prasad Reddy, MD  
Arun Singhal, MD  
Stephen Jacobs, MD  
Katherine Anderson, MD  
Christian Neff, MD  
Ahmad Zankar, MD  
Adam Mougey, MD  
Jonathan Shakespeare, MD  
Brigham Smith, MD  
Corey Chipman, MD  
Eric Hanson, MD

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Joshua Yorgason, MD  
Elizabeth Loh, MD  
Jana Wold, MD  
Irene Hung, MD  
Casey Jowers, MD  
Stephanie Wilder, MD  
David Niedermeier, MD  
Steven Angerbauer, MD  
Beatrix Bartok, MD  
Jennifer Lee, MD

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LORI BUHLER, ACTING CHAIR

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DATE

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DIANA BAKER, BUREAU MANAGER

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DATE